

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-009944

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 495

FILED MAR 13 1963

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis,  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Normandy                            |  | c. CITY OR TOWN St. Louis,   |  |
| Length of stay in lb<br>11 days  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp |  | d. STREET ADDRESS (If outside, give location)<br>5045 Emerson  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                |  |

|  |                           |   |                              |
|--|---------------------------|---|------------------------------|
| 3. NAME OF DECEASED<br>(Type or print)<br>First OLGA Middle THEIS Last   |                           | 4. DATE OF DEATH<br>Month February Day 14, Year 1963  |                              |
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>1-8-1881 |
| 9. AGE (last birthday)<br>82   |                           | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.   |                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife       |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Own Home   |                              |
| 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri  |                           | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |                              |
| 13a. FATHER'S NAME<br>Albert Schacht   |                           | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |                              |
| 14. NAME OF HUSBAND OR WIFE<br>Henry Theis, deceased   |                           | Address<br>Mr. Edw. L. Mueller, 5044 Alcott   |                              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no; or unknown) (If yes, give war or dates of)<br>No None |                           | 16. SOCIAL SECURITY NO.<br>2040   |                              |
| 17. INFORMANT<br>Mr. Edw. L. Mueller, 5044 Alcott  |                           | Address   |                              |

|   |  |   |  |
|---|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Peripheral Vascular Collapse</u><br>DUE TO (b) <u>Anemia and thrombocytopenia</u><br>DUE TO (c) <u>Lymphocytic leukemia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 WKS</u><br><u>WKS</u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>2040</u>  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     |  |
| 20f. CITY, TOWN, OR LOCATION<br>St. Louis   |  | COUNTY<br>St. Louis   |  | STATE<br>Missouri  |  |
| 21. I attended the deceased from <u>2/3/63</u> to <u>2/14/63</u> and last saw her <u>alive</u> on <u>2/13/63</u><br>Death occurred at <u>12:50A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE<br><u>William D. McLawan Jr</u>  |  | (Degree or title)<br><u>MD</u>  |  | 22b. ADDRESS<br><u>7011 Commolet Clayton St</u>  |  |
| 22c. DATE SIGNED<br><u>2/14/63</u>  |  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 23b. DATE<br>Feb. 16, 1963   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Memorial Park Cemetery  |  | 23d. LOCATION (City, town, or county)<br>St. Louis County, Missouri                                       |  | 23e. STATE<br>Missouri   |  |
| 24. FUNERAL DIRECTOR<br>CALVIN F. FEUTZ, 4828 Natural Bridge Bl.  |  | 25. DATE RECD. BY LOCAL REG.<br>2-14-63   |  | 26. REGISTRAR'S SIGNATURE<br><u>John B. Murphy</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 4031

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Dr. Wm. D. McGowan  
7811 Carondelet  
PA 7-1277

HOURS: Thursday,  
2 to 4:30 PM

FILE IN COUNTY

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John A. McLean*

Licensed Embalmer No. 4186

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.